Pan-Canadian Nursing EHR Business and Functional Elements Supporting Clinical Practice

Canada Health Infoway Inforoute Santé du Canada

Nursing Reference Group

Overview

The vision of healthier Canadians through innovative e-health solutions is supported by an infostructure that provides residents of Canada and their health care providers with timely, appropriate and secure access to the right information when and where they enter into the health care system. Once completed, the electronic health record (EHR) will provide a lifetime record of a person's significant health history and is designed to facilitate information and communication sharing across the continuum of care, across health care delivery organizations and eventually across the country.

Canada Health Infoway's (*Infoway*'s) Nursing Reference Group (NRG) recognized the strategic importance of proactively identifying key EHR business and functional elements for nurses. Timely access to information will help inform the overall nursing care management of patients/clients/residents improving their experiences and outcomes across the continuum of care.

As part of the NRG, a pan-Canadian working group was established to develop an appropriate methodology and to leverage existing nursing standardized assessment tools and best practices to support the inclusion of nursing data in the EHR. It was acknowledged that the EHR needs to enable appropriate and efficient patient information flows between the EHR and other information and communication 'point-of-service' systems.

The purpose of this document is to summarize the initial results of this work. It describes considerations for pan-Canadian nursing EHR functional elements, along with the guiding principles and assumptions identified and used by stakeholders during the development process. EHR functionality at a broad level can be grouped as follows:

1. Patient/client/resident: safety, privacy, patient/family centered-care, and care coordination;
2. Nursing Practice: usability, productivity, clinical decision support, and collaborative practice; and
3. Health Information: critical data access, data sources, data for patient care and health system use, and communications.

This reference document is intended to be informative, not definitive and provides useful guidance for clinicians, vendors, and implementers during the planning, design, and implementation of EHRs. The EHR business and functional elements supporting clinical practice are the result of a consensus process based on the best current evidence and thinking, but not all will apply in all circumstances and they will need to be adapted to particular situations and continuously improved over time. We encourage users of the document to help inform, validate, and evolve the elements. Please send any comments or suggestions to clinicaladoption@infoway-inforoute.ca.

1.1 Guiding Principles

Throughout the development, review and validation phases of this work, the following guiding principles and scope definitions were used:

Nursing data

- Should be structured and codified to ensure the sharing and re-use of patient information across disciplines and care settings

- Should be directed by common centralized trusted sources to ensure consistent understanding and interpretation of patient information

- Should reflect practice according to clinical standards or practice guidelines to trigger consistent application of clinical decision support, provide real-time recommendations, and contribute to the shared care plan

- Should be simple and concise to facilitate timely access to patient information

- Should be consistently understood by the data warehouse analytics to allow meaningful analysis of patient and service outcomes

In scope

- Define basic business rules and clinical functions to support nursing practice

- Business rules should be interdisciplinary to reflect collaborative practice and be available to nursing and other disciplines

Out of scope

- Identification of specific 'client status', 'nursing interventions', and 'client outcomes' for the EHR

1.2 - Assumptions

- Information about the patient/client/resident (for convenience hereafter referred to as the patient) can be effectively shared between health care providers and across care settings within a jurisdiction and/or across jurisdictions in compliance with federal/provincial/territorial, as well as cross-jurisdictional privacy and security requirements

- Technologies are available to support the capture of patient information at the point-of-care

- Patients have access to information and communication technologies - such as personal health records, internet applications and wireless devices - to enter and share information with their health care providers

- Health care providers and the patient contribute to the shared care plan, i.e. the same care plan can be shared between providers and the patient

- Resources such as assessment templates, clinical practice guidelines and patient educational pamphlets useful for patient care and evidence-based decision making are easily available and accessible through technologies at the point-of-care

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	Clinical/Business Requirements	EHR Functional Elements
PRIVACY and SECURITY: Nurses need to ensure the patient's privacy and security of EHR data is protected	• Nurses, acting as the patient's data custodian, need to have the right to access the electronic health record audit trail • Within the EHR privacy and security framework nurses can document specific reasons surrounding their access to a patient's record	• Provides nurses with authorized access to patient electronic health record data based upon provider role • Allows nurses acting as the patient's data custodian (e.g. Nurse Practitioners (NPs) in NP Led clinics) to view who has accessed the patient's information in the EHR • Allows masking of patient data at the global record level or at a record data component level • Allows nurses to document specific reasons surrounding their access to a patient's record as may be required. e.g. Nurse Manager performing a quality care review, emergency nurse "breaking the glass" on a locked patient record to access information for patient care in an emergency situation
SAFETY: Nurses need to advocate for patients and mitigate the risk of miscommunication and/or misinterpretation of patient information	• Nurses need unambiguous and current patient information that will carry consistent meanings across different care providers/health care sectors/jurisdictions	• Captures and displays clinically relevant data using standardized coded clinical terminologies regardless of where the data are captured or viewed • Ensures data integrity during storage and transmission • Enables accurate interpretation of information, such as standardized data definitions and reference data • Provides timely access to information at point of care with real time data exchange; see also collaborative practice • Synchronously locks and checks orders, e.g. drug interaction checking • Alerts when interventions/guidelines are not being followed

	Clinical/Business Requirements	EHR Functional Elements
DATA SOURCES: Nurses need to know the source of patient information to support decision making	• Nurses need to know who entered the data, role, when, and where	• Displays source of data upon request • Provides data details, e.g. date time of data entered, by whom, where, and upon request • Displays and highlights patient-entered information • Ensures the correct data for the correct patient are transmitted to the correct destinations/recipients, which can be a provider, a provider role, a service department, a health service delivery program or an organization
USABILITY: Nurses need ease of access to patient information in support of their workflow for viewing and updating care provided to their patients including assessments, diagnostic results, plans of care, procedures/ interventions and outcomes	• Via a usable interface, nurses need immediate and easy access to accurate and critical information about the care provided to patients to support decision-making regarding safe, quality care	• Allows single sign on for integrated access across systems • Allows role-based access to EHR system • Displays the patient's care plan, interventions and outcome data indexed by associated patient goals or associated assessment, e.g. problem, health concern • Displays assessment/problem/health concern data with the associated interventions and creates and displays analytic reports according to the nurse's preferences • Triggers alerts and notifications according to data entered and recommends prioritization of interventions • Able to identify and filter by care group, e.g. primary care network • Demonstrates ease of use, e.g. system is intuitive – does not require excessive hours of training to use the EHR system • Allows user system preferences such as font size to be specified by the individual nurse and enabled by nurse's logon

	Clinical/Business Requirements	EHR Functional Elements
CLINICAL DECISION SUPPORT: Nurses need a system to support evidence-informed practice	• Nurses need decision support resources at the point of care to provide their patients with safe and quality care • Nurses need access to the evidence level and/or references that inform recommendations within clinical guidelines • Nurses need to customize care to suit the patients' conditions and optimize patients' outcomes • Nurses need to have meaningful and practical tools to help manage patients' complex care needs	• Imports evidence-based decision support guidelines/algorithms • Stores meta-information about the decision support guidelines/algorithms, e.g. issue date, version control, references and/or issue organization or source, as well as level of evidence when available • Displays evidence level of a recommendation (when available) automatically, according to pre-established parameters or upon request • Sorts clinical guidelines according to evidence level and clinical applicability • Alerts or notifies nurses of recommendations according to data entered and provides level of evidence • Captures nurses' actions on recommendations, e.g. accept, import, export, edit, or override and allows reasons to be entered as needed • Provides evidence-based clinical decision support by nurse pulling the information from an EHR-linked reference and/or by being embedded in the EHR to push information to help inform and support nurses' critical thinking and decision-making • Provides interdisciplinary integration with assessments and/or pathways to help guide the patient's overall plan of care • Imports computer-readable decision supports such as clinical guidelines and algorithms for nursing assessments, interventions and outcomes. These clinical guidelines/algorithms can be categorized according to elements such as problems, health concerns, diseases, health promotion/prevention and care processes • Captures nurse review of clinical decision support for future professional development, continuing education and quality assurance purposes • Exports computer-readable clinical guidelines, recommendations, and decision algorithms along with the embedded practical tools, e.g. order sets, checklists, templates to the nurses' point-of-care devices upon the nurses' request

	Clinical/Business Requirements	EHR Functional Elements
CLINICAL DECISION SUPPORT CONTINUED: Nurses need a system to support evidence-informed practice		• Presents clinical guidelines/algorithms and embedded practical tools automatically according to the data entered and pre-established parameters or upon the nurse's request • Allows nurses easy access to other functionality from the assessment/intervention or outcome data and triggers appropriate responses, e.g. when the intervention is "to schedule a follow-up visit in 2 weeks", the response triggered by this intervention can be searching and offering an available time and date for the patient's follow-up appointment within the timeframe • Functions to easily access resource materials that are available in EHR, e.g. a general "help" button
COLLABORATIVE PRACTICE: Nurses practice in collaboration with other health care providers	• Nurses need to share current and accurate information about nursing care with their colleagues and patients to enhance patient safety by improved communications, elimination of duplicate practices, and comprehensive care. • Nurses need to be involved in determining which data elements need to be real time or not real time. • Nurses demonstrate their contribution to client outcomes by sharing current and accurate nursing care information. • Nurses need access to clinical care documented by other providers • Nurses need access to view inter-professional information about their patients' conditions	• Ensures seamless transfer, use and re-use of information • Ensures unambiguous information will be captured, viewed, sent or received across the continuum of care in near real-time • Allows viewing of the same information at the same time by multiple providers regardless of the patient's or providers' locations • Captures information collected by different point of service (PoS) devices and saves them in the shared health records, e.g. problem list, allergies • Captures new information entered by different providers into the same care plan that is stored in the shared health record • Synchronizes information in the shared health record according to date and time and location (e.g. in chronological or reverse chronological order) to allow nurses easy access to the most recent results within a longitudinal health record • Indexes information in the shared health record to allow nurses to view the information according to filters or criteria • Sorts information according to the nurses' preferences

	Clinical/Business Requirements	EHR Functional Elements
COLLABORATIVE PRACTICE CONTINUED: Nurses practice in collaboration with other health care providers		• Alerts and notifies nurses when their interventions conflict with other providers' interventions and vice versa and allows adjustment of orders according to the patient's current needs • Creates reports in the shared health information record according to the nurses' preferences • Allows nurses to download required information in the shared health record via their PoS devices to their patients' medical records
COMMUNICATIONS: Nurses need a summary of patient status and plan of care during care transitions or handovers	• Nurses need to inform receiving health care providers about key data related to nursing care including assessment, plan of care and outcomes information • Nurses require access to historical patient data to support patient interaction and care planning	• Captures patient summary information • Allows real time or near-real time information to be auto-populated into a template that provides a patient profile and plan of care according to pre-established criteria • Sends this summary to the nurses' PoS devices • Allows nursing validation of the summary data by categories, capturing a portion versus all data, e.g. nurse could choose to just review/validate allergies not the medication list • Displays source of patient information, e.g. when the interventions were ordered, by whom and where • Displays plan of care including interventions, status of completion, completion according to date, date range, encounter visits, patient problems and/or health promotion/prevention, outcomes, provider/provider roles, services displays to whom the interventions have been assigned, date and status of completion, e.g. ordered, in-progress, completed or not completed with a reason • Allows secure messaging and notifications about discrepancies within the patient's circle of care

	Clinical/Business Requirements	EHR Functional Elements
INFORMATION FOR PATIENT CARE & HEALTH SYSTEM USE: Nurses need to capture a core set of discrete patient data considered clinically relevant for sharing across the continuum of care	• Nurses need to compare and analyse baseline and ongoing data to inform patient outcomes • Nurses need to have analytic reports for care planning and resource management • Nurses need to ensure that the required and mandated patient documentation is complete	• Imports and stores templates, e.g. Canadian Health Outcomes for Better Information and Care (C-HOBIC), Canadian Triage and Acuity Scale (CTAS) and interRAI™ that can capture core sets of discrete patient data • Allows downloads of these patient core data set templates to the nurses' PoS devices • Presents for use the appropriate nursing core data set templates for the right care settings (e.g. long term care, mental health) according to pre-established criteria • Allows nurses to set up parameters (e.g. according to problems, health promotion/prevention or health concerns) as to when the nursing core data set templates can be automatically presented for use • Presents patient core data set templates upon request • Auto-populates information available in EHR to the patient core data set templates and allows edits and additional entries • Captures the core data entered in the shared health record according to pre-established parameters • Creates and displays a report on the nursing core data according to pre-established criteria, the nurses' preferences and upon request
PATIENT/FAMILY-CENTRED: Nurses need patient-specific information to provide patient/family centered care	• Nurses need to advocate for the patient by ensuring that care components are well coordinated and well understood by all parties involved. • Nurses need to involve and support patients and their families, with patient consent, in the plan of care and, as able and appropriate, in data entry of their own health information	• Captures different care plan templates that can be generic or condition/problem/diagnosis-specific • Allows customization of the generic care plan template to suit the patient's needs • Auto-populates existing EHR data into the initial care plan template • Automatically captures new data available in the EHR to update the plan of care. • Captures self-care information captured by self-care devices, such as glucose meters or home blood pressure monitors, into the care plan according to pre-established parameters and identifies that this information was entered by patients

	Clinical/Business Requirements	EHR Functional Elements
PATIENT/FAMILY-CENTRED CONTINUED: Nurses need patient-specific information to provide patient/family centered care	• Nurses need to view and monitor data entered by patients regarding self-care; dependent upon the patient's capability and patient education, may need to assist the patient with their self-care data entry • Nurses need to ensure the planned care activities are carried out or provide reasons when they are not carried out	• Accepts updates to the care plan on status of self-care tasks sent by the patients or their families if the patient allows • Synchronizes information longitudinally in the care plan • Allows patients to download their plan of care to their PoS devices such as personal computers or cellular phones and allows them to send a copy of their care plan to their families or caregivers if they wish • Alerts or notifies patients of their self-care tasks according to the care plan • Allows patients to request an accurate comparison of their own self-care information or how their own results compare with their peers • Links assessment and intervention data with appropriate patient educational resources and sends patient resource materials as requested by the nurse or patient and as available in EHR, according to the patient-specified communication preference. Links patient with family members for review of data, e.g. aging family member and children out of province, subject to consent • Alerts or notifies the nurses when their patients post questions or concerns according to agreed upon criteria and terms of use, e.g. response time between the nurses and the patients, and captures these questions as encounter information • Allows nurses' names/roles to be either included or excluded in e-mail as appropriate, e.g. may need to be by role or team to support continuity of care • Receives and stores the patient's current and dated care directives, Power of Attorney (POA) for Personal Care, and data source, e.g. including information about who contributed, e.g. by the patient's or the nurse's PoS system • Receives information about the patient's preferences and displays information according to the patient's preferences

	Clinical/Business Requirements	EHR Functional Elements
PATIENT/FAMILY-CENTRED: Nurses need to respect patient preferences, diversities and wishes	• Nurses need access to the patient's consent directives and preferences • Nurses need to advocate for, and engage patients with different physical and mental capabilities in making their wishes regarding care known	• Allows nurses to view patients' care directives available in the EHR, upon request • Allows nurses to view the patients' preferences available in the EHR upon request, such as those related to diversity • Accepts different data entry methods initiated by patients, e.g. voice, text, or touch • Presents EHR patient resource materials and tools in different languages and formats, e.g. materials that will support patients with disabilities such as visual impairment, hearing problems, mobility limitations or patient diversities • Sends EHR resource materials such as decision support aids to the patients according to the patient's preferences
INFORMATION FOR PATIENT CARE & HEALTH SYSTEM USE: Nurses need resources readily available to support the entry, retrieval and analysis of patient assessment, goals, interventions and outcomes data for the purpose of both direct clinical care and health system use	• Nurses need tools that provide different levels of detail to support them in their practice such as quality care improvement, care management support, public health initiative planning, or workload measurement. • Nurses need customizable tools that are useful, current, and meaningful to their practice	• Imports and stores nursing tools, products and clinical practice guidelines, such as C-HOBIC, interRAI™, CTAS, orders/order sets, care plans/pathways that are of nursing-specific or interdisciplinary nature or specific to care settings/jurisdictions • Presents nursing tools, products and clinical guidelines automatically according to pre-established thresholds, e.g. according to provider, service department, organization, health care sector, or jurisdiction or upon the nurse's request • Allows nursing tools, products and clinical guidelines to be downloaded to PoS devices and that allow for easy customization • Updates versions of these tools, products and clinical guidelines and archives the out-dated ones • Notifies nurses when tools, products and clinical guidelines have been updated and allows nurses to easily download the new versions to their PoS devices • Auto-populates existing EHR data in these tools and products

	Clinical/Business Requirements	EHR Functional Elements
INFORMATION FOR PATIENT CARE & HEALTH SYSTEM USE CONTINUED: Nurses need resources readily available to support the entry, retrieval and analysis of patient assessment, goals, interventions and outcomes data for the purpose of both direct clinical care and health system use		• Allows nurses to validate pre-populated data and/or edit and capture additional data if needed and date/time stamp when done • Synchronizes the data longitudinally, creates reports and displays findings according to the nurse's preferences • Informs nursing and inter-professional practice by obtaining anonymized data for the purpose of health system use • Presents tools and products available in the EHR at different levels of detail • Displays data in an easily-viewed format along with readily available data details such as a source, date/time • Displays the source data upon request
PRODUCTIVITY: Nurses need to have the right kind and level of information at the point of care and according to patient care needs	• Nurses need to have easy access to patient information • Nurses need useful, concise and current patient information at the point of care • Nurses need prompt decision support in order to provide safe, quality care	• Presents patient information in real time or near real-time at the point of care • Presents information to the nurses according to a chosen index, key words, nurse-specified criteria or role-based preferences. • Allows nurses to set up thresholds for alerts and notifications for the patient information • Sends urgent and critical information with alerts and visually displays this information in a way that differentiates urgent/critical data • Sends routine information with or without notifications according to the nurse's preferences • Allows nurses to update the thresholds for alerts and notifications according to the patient's clinical condition and care needs • Displays information according to the nurse's preferences • Longitudinally synchronizes and archives information according to the pre-established criteria • Allows display of available information in the nurse's PoS system according to the nurse's preferences • Presents last charted values from information automatically and upon the nurse's request

	Clinical/Business Requirements	EHR Functional Elements
PRODUCTIVITY CONTINUED: Nurses need to have the right kind and level of information at the point of care and according to patient care needs		• Presents the most recent patient goals, assessment, intervention, outcomes and care planning data in the plan of care either automatically or according to pre-established thresholds or upon the nurse's request • Presents the most recent diagnostic imaging and laboratory results/reports and medication list automatically according to pre-established rules or upon the nurse's request • Links alerts or notifications to the respective EHR functions so these alerts and notifications can be acted on quickly, e.g. if the notification is about scheduling the patient for a follow up visit in 2 weeks, provides a link to the provider's calendar • Allows nurses to enter a reason(s) when alerts and notification are overridden and allows these reasons to be accessible in the EHR
PRODUCTIVITY: Nurses require pre-population of standardized, coded data from EHR to PoS according to pre-determined criteria	• Nurses require appropriate reuse of electronic patient data to minimize unnecessary duplication of patient questioning and of data entry • Nurses require last charted values to be displayed for validation prior to committing the data to the PoS system	• Auto-populates templates with existing EHR patient information according to pre-established parameters • Updates existing data or adds comments when needed • Longitudinally synchronizes and archives historical information • Displays and exports archived information when needed • Links auto-populated patient information to the data source (e.g. who entered it, when and where) • Captures PoS data that have been validated by nurses • Automatically updates the care plan according to the submitted assessment data, orders/order sets, e.g. vital signs, lab results, numeric values, or measurement scores or other completed interventions • Ensures the same data can be used by different PoS devices and to synchronize them

	Clinical/Business Requirements	EHR Functional Elements
CRITICAL DATA ACCESS: Nurses need to access patient information in situations that may go against the patient's prior consent directives Nurses need access to data when systems are not available	• Nurses need to provide legitimate care in crisis situations that may go against prior patient consent directives ("break the glass" situations) • Nurses need to comply with legislation specific to disclosing patient information against patient consent and documenting the reason(s) for disclosure	• Captures business rules for appropriate information disclosure • Allows nurses to quickly and appropriately unlock or unmask patient information and captures reasons for doing so according to the pre-established business rules • Provides business continuity in the situation where the EHR system is not available by providing access to the last available clinically relevant patient data in the EHR
CARE COORDINATION: Nurses need to coordinate patient scheduled activities and access to services	• Nurses collaborate with patient and other health care providers and/or organizations to coordinate and manage patient care activities such as diagnostic tests and follow-up appointments clinics	• Provides a view of patients' historical and future scheduled appointments to assist in the coordination and sequencing of patient care and services • Allows for integration of data real-time into point of service tools versus having to access EHR separately for data • Provides shared care plan for patient and his/her circle of care

3 – Conclusion

EHRs must meet the needs of Canada's clinicians to ensure adoption, integration into practice and person centered care. Clinicians must be engaged from the outset to identify what their needs are so that '*form follows function'*.

The Nursing EHR functionality requirements contribute to reaching the preferred practice state by enabling:

- Use of standardized and coded data to support information sharing and enabling the appropriate re-use and display of data for improved nursing productivity and efficiency
- Use of a shared patient care plan for improved inter-professional and patient communications and coordination of care.
- Use of standardized evidence-based clinical content and clinical decision support for improved patient safety and care evaluation.

About Infoway*'s Nursing Reference Group:*

Infoway's Nursing Reference Group (NRG) is one of three discipline-specific clinical groups (physicians, nurses, pharmacists) providing expertise to inform *Infoway's* plans to accelerate clinical value for Canadians and their health care providers through the use of information and communication technologies. NRG members represent pan-Canadian nursing leaders including practicing nurses, informatics experts, academia and other provincial, territorial and federal partners.

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